

## **Checklist for Requesting Exam Approval**

Completed by Exam Coordinator

1. Refer to the "Conducting the EMT Psychomotor Examination" duties timeline to determine what needs to be done prior to requesting exam approval. Please refer to the Education Program Compliance Manual ([Education Program Compliance Manual](#)) – Starting on Page 99 in Appendix E.
2. Determine the date or dates you wish to hold your psychomotor exam.
3. Complete the **top** portion of the EMT Psychomotor Exam Approval and Verification Form.
  - ~ Exam date or dates and start time or times
  - ~ Double click on the box next to One Day or Multiple Day and it will open another box asking if you would like the box to be checked
  - ~ Double click on the box next to initial or refresher and it will open another box asking if you would like the box to be checked
  - ~ Name of Education Program conducting the exam
  - ~ Examination site is the location where the exam will actually take place
  - ~ The name of the person you have secured to be your Approved Agent or the name of the State Official
  - ~ The name of the exam coordinator and phone number during the exam
  - ~ The name of the physician medical director available for your exam
  - ~ Please check the EMSRB website (<http://mn.gov/health-licensing-boards/emsrb/educational/agentsandexaminers.jsp>) to make sure your examiners are listed as approved. A person planning to be an examiner MUST have completed the Examiner Application requirements and have received an approval from the EMSRB by the exam date. If the person is not listed as approved, please follow up with your EMSRB Specialist to ensure an application for approval has been received
4. Save the document in **WORD** format.
5. Send your request via e-mail to the EMS Specialist in your area. See map at: [EMSRB Points of Contact Map](#)
6. You will receive this form back from the EMS Specialist, via e-mail, with an approval number in the space "Date approved by State Official". You will also receive an Exam Roster to utilize for your exam results and reporting these results. **SAVE THESE FORMS.**

## **After the Exam is Complete**

Completed by Exam Coordinator

1. Complete the remainder of the EMT Psychomotor Exam Approval and Verification Form.
  - ~ List the names, EMSRB certification number and expiration date of each of your examiners

- ~ For Multiple Day Exams, specify the date the particular skill was conducted
- ~ For Same Day Re-tests, list the examiner information as specified above
- ~ The name of the individual reading the orientation to the Skill Examiners
  - For Multiple Day Exams include this information for each exam date
- ~ The name of the individual reading the orientation to the candidates
  - For Multiple Day Exams include this information for each exam date
- ~ List **any** unusual circumstances that may have occurred
- ~ Obtain the signature of the Exam Coordinator at the Exam
- ~ Obtain the signature of the Approved Agent or State Official at the Exam
- ~ Ensure the signatures are dated

2. Save the document in **PDF** format

3. Ensure your Exam Roster is completed correctly – see sample

## Single Day Exam

- Attach and return both documents to your EMS Specialist via email within **one week** of the exam date

## Multiple Day Exam

### Multiple Day Exam – conducted within **60 days or less**

- Attach and return both documents to your EMS Specialist via email within **one week** of the **last exam date**

### Multiple Day Exam – conducted in **60 days or more**

- Attach and return both documents to your EMS Specialist via email with **one week** of **each exam date**